

AUG 30 2006

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To:

NAME:	FACSIMILE:	TELEPHONE:
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FROM: THOMAS E. CIOTTI

DATE: AUGUST 29, 2006

Number of pages with cover page:	3	Originals Will Not Follow
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Comments:

Atty Docket No:24615-20244.00
 Application Serial No.: 10/517,220
 Filed: May 14, 2003
 Inventors: Luppo EDENS *et al.*
 Art Unit: 1761
 Examiner: Not Yet Assigned
 Title: IMPROVED METHOD FOR THE PREVENTION OR REDUCTION OF
 HAZE IN BEVERAGES

Enclosed are the following documents:

1. Transmittal – 1 page
2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address – 1 page

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LINDSAY SEYDEL AT (650) 813-5827 AS SOON AS POSSIBLE

PA-1087307

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/517,220
Total Number of Pages in This Submission		Filing Date May 14, 2003
		First Named Inventor Luppo EDENS
		Art Unit 1761
		Examiner Name Not Yet Assigned
		Attorney Docket Number 246152024400

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Thomas E. Ciotti		
Date	August 29, 2006	Reg. No.	21,013

I hereby certify that this correspondence is being transmitted via facsimile (fax no. 571-273-8300) to the USPTO Commissioner for Patents at P.O. Box 1450, Alexandria, VA 22313-1140	
Dated: August 29, 2006	Signature (Lindsay Seydel)

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PAGE 2/3 * RCVD AT 8/30/2006 1:19:32 AM [Eastern Daylight Time] * SVR:USPTO-EFXRF-5/17 * DNIS:2738300 * CSID: * DURATION (mm:ss):00:34

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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS

Application Number	10/517,220
Filing Date	May 14, 2003
First Named Inventor	Luppo EDENS
Art Unit	1761
Examiner Name	Not Yet Assigned
Attorney Docket Number	248152024400

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Client requested transfer

CORRESPONDENCE ADDRESS

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Mr. Bryan H. Davidson Nixon & Vanderhye P.C.
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Signature	<i>Thomas E. Clotti</i>		
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Name	Thomas E. Clotti	Registration No.	21,013
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Date	August 29, 2006	Telephone No.	(650) 813-5702
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Dated: August 29, 2006

Signature: *Lindsay Seydel* (Lindsay Seydel)

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